

PRIVACY IMPACT ASSESSMENT (PIA)

For the

Picture Archive and Communication Systems (PACS) / Teleradiology

US Army Medical Command - DHP Funded Systems

SECTION 1: IS A PIA REQUIRED?

| a. Will this Department of Defense (DoD) information system or electronic collection of |
|---|
| information (referred to as an "electronic collection" for the purpose of this form) collect, |
| maintain, use, and/or disseminate PII about members of the public, Federal personnel, |
| contractors or foreign nationals employed at U.S. military facilities internationally? Choos |
| one option from the choices below. (Choose (3) for foreign nationals). |
| • |

| (1) | Yes, | trom | memb | ers of | the | generai | public. |
|-----|------|------|------|--------|-----|---------|---------|
| | | | | | | | |

- (2) Yes, from Federal personnel* and/or Federal contractors.
- (3) Yes, from both members of the general public and Federal personnel and/or Federal contractors.
- (4) No

- b. If "No," ensure that DITPR or the authoritative database that updates DITPR is annotated for the reason(s) why a PIA is not required. If the DoD information system or electronic collection is not in DITPR, ensure that the reason(s) are recorded in appropriate documentation.
- c. If "Yes," then a PIA is required. Proceed to Section 2.

DD FORM 2930 NOV 2008 Page 1 of 16

^{* &}quot;Federal personnel" are referred to in the DoD IT Portfolio Repository (DITPR) as "Federal employees."

SECTION 2: PIA SUMMARY INFORMATION

| a. | Why | is this PIA being | created or updated | ? C | hoose one: | |
|----|-------------|---|---|--------------|---|--|
| | | New DoD Informa | tion System | | New Electroni | c Collection |
| | \boxtimes | Existing DoD Info | rmation System | | Existing Elect | ronic Collection |
| | | Significantly Mod System | ified DoD Information | | | |
| | | s DoD informatio Network (SIPRNE | | l in t | the DITPR or the | DoD Secret Internet Protocol |
| | | Yes, DITPR | Enter DITPR System | Iden | ntification Number | |
| | | Yes, SIPRNET | Enter SIPRNET Iden | tificat | tion Number | |
| | \boxtimes | No | | | | |
| | | | ation system have a Management and E | | | que Project Identifier (UPI), required ar A-11? |
| | | Yes | \boxtimes | No | | |
| | lf "Y€ | es," enter UPI | | | | |
| | | If unsure | , consult the Componen | t IT B | udget Point of Conta | act to obtain the UPI. |
| | | this DoD informa Notice (SORN)? | | ctror | nic collection req | uire a Privacy Act System of |
| | or lawf | acy Act SORN is requival permanent U.S. res ation should be consis | sidents that is <u>retrieved</u> by | tem o nam | or electronic collection ne or other unique ider | contains information about U.S. citizens ntifier. PIA and Privacy Act SORN |
| | \boxtimes | Yes | | No | | |
| | If "Ye | es," enter Privacy <i>i</i> | Act SORN Identifier | | A0040-66b DASG | |
| | | Consult the Comp | assigned designator, not onent Privacy Office for cy Act SORNs at: http: | addit | ional information or | |
| | | or | | | | |
| | Date o | | approval to Defense for omponent Privacy Office of the control of | | | |

DD FORM 2930 NOV 2008 Page 2 of 16

| | | electronic collection have an OMB Control Number? nt Control Officer or DoD Clearance Officer for this information. |
|--|--|--|
| | is number indicates OMB approval to co gardless of form or format. | ollect data from 10 or more members of the public in a 12-month period |
| | Yes | |
| | Enter OMB Control Number | |
| | Enter Expiration Date | |
| | No | |
| | | deral law, Executive Order of the President (EO), or DoD n and maintenance of a system of records. |
| |) If this system has a Privacy Act SO DRN should be the same. | ORN, the authorities in this PIA and the existing Privacy Act |
| ` ' | , | rmation system or electronic collection to collect, use, maintain thorities are cited, provide all that apply.) |
| the | (a) Whenever possible, cite the operation of the system and the co | e specific provisions of the statute and/or EO that authorizes llection of PII. |
| | cited. An indirect authority may be | does not exist, determine if an indirect statutory authority can cited if the authority requires the operation or administration of require the collection and maintenance of a system of records. |
| | | their general statutory grants of authority ("internal ty. The requirement, directive, or instruction implementing the buld be identified. |
| St 11 TF 10 Mi Mi (C | upplement IV, Appendix 454, as amen 17, Sections 11131-11152, Reporting of RICARE Program; 10 U.S.C. 1079, Co 079a, CHAMPUS; 10 U.S.C. 1086, Co embers, and Their Dependents; E.O. s ilitary Treatment Facilities (MTFs); Do 0A) Records; DoD 6010.8-R, Civilian F | 10 U.S.C. 1071-1085, Medical and Dental Care; 50 U.S.C. ded, Persons liable for training and service; 42 U.S.C. Chapter of Information; 10 U.S.C. 1097a and 1097b TRICARE Prime and entracts for Medical Care for Spouses and Children; 10 U.S.C. intracts for Health Benefits for Certain Members, Former 9397 (SSN); DoD Instruction 6015.23, Delivery of Healthcare at D Directive 6040.37, Confidentiality of Medical Quality Assurance dealth and Medical Program of the Uniformed Services fledical Record Administration and Health Care Documentation. |

- g. Summary of DoD information system or electronic collection. Answers to these questions should be consistent with security guidelines for release of information to the public.
 - (1) Describe the purpose of this DoD information system or electronic collection and briefly describe the types of personal information about individuals collected in the system.

PACS is a family of FDA-approved PACS and Teleradiology systems for fixed and mobile healthcare organizations. Several vendor partners supply systems to the Army for medical use. These include, but are not limited to Medweb Teleradiology, Agfa Impax, GE Centricity, Fuji Synapse, and Philips iSite systems. PACS and Teleradiology are used to provide direct healthcare support to soldiers and other DoD beneficiaries. PACS and Teleradiology allow the Army Medical Department to provide radiology exam images for interpretation by Radiologists wherever they are physically located. This in turn allows the AMEDD to provide superior patient support while cross leveling workload across critically short radiologists.

PACS and Teleradiology systems collect and manage the following personal information: Name, Social Security Number (SSN), Patient Accession Number, Citizenship, Legal Status, Gender, Race/Ethnicity, Date of Birth, Phone Numbers, Addresses, Spouse Information, Marital Status, Medical Information (Radjological notes, diagnoses, etc.), and Emergency Contact Information.

(2) Briefly describe the privacy risks associated with the PII collected and how these risks are addressed to safeguard privacy.

Risks for this system are similar to any other system which requires human data entry or are electronically accessible. These can include inaccurate information entry, unauthorized access, and inadvertent data viewing.

Risk is mitigated by strict adherence to security and privacy protocols. The Army takes a "defense in depth" approach to protecting this information. Physical safeguards (e.g., data stored on security accredited servers in the each facility), technical safeguards (e.g., encryption; common access card, password protection) and procedural safeguards (e.g., physical access to data based on duty position) are employed in series to ensure only those personnel that demonstrate "need to know" can access information contained within the PACS. In response to the risk presented by including inaccurate information in the system, PACS correlates information from authoritative sources only. Data is only viewed by authorized PACS users and medical personnel that require access to the information in the performance of their duties. In response to the risk presented by unauthorized disclosure of information contained, PACS requires that users receive information assurance awareness, HIPAA and system training in order to mitigate risks involved. This multi-faceted approach to safeguarding PII provides redundant protections to both the individual identities and institutions involved in the collection and management of this highly personal and sensitive information.

h. With whom will the Pil be shared through data exchange, both within your DoD Component and outside your Component (e.g., other DoD Components, Federal Agencies)? Indicate all that apply.

⋈ Within the DoD Component.

Specify.

The PII will be shared with health care providers and identified super users within all Army medical treatment facilities (MTF).

Other DoD Components.

Specify.

The PII may be shared with health care providers within Navy and Air Force MTFs.

Other Federal Agencies.

Specify.

The data may be shared with required and authorized health care providers within other Federal Agencies supporting Army and/or DoD beneficiaries (U.S. Coast Guard, Veterans Administration, Public Health Service, Center for Disease Control).

| \boxtimes | State and L | ocal Agencies. |
|-------------|------------------|--|
| | Specify. | Information is provided to State and Local agencies as required by law and DoD guidelines. |
| \boxtimes | Contractor | (Enter name and describe the language in the contract that safeguards PII.) |
| | Specify. | The Manufacturer servicing the device may have access to some data. Contracts for Manufacturers supporting this device include a standard Military Health System (MHS) HIPAA Business Associate Agreement, DoD/HIPAA guidelines and Army MEDCOM Information Assurance (IA) guidelines. The data may be shared with commercial providers under contract with DoD to provide specific health care related patient support. There are clauses in their contracts to protect PII IAW Privacy Act and HIPAA standards. |
| \boxtimes | Other (e.g., | , commercial providers, colleges). |
| | Specify. | Contract Radiological or Healthcare Support services. |
| i. Do | individuals | have the opportunity to object to the collection of their PII? |
| \boxtimes | Yes | □ No |
| | (1) If "Yes," | describe method by which individuals can object to the collection of PII. |
| do | cument is mair | and sign DD Form 2005, Privacy Act Statement - Health Care Records. A copy of this ntained in the medical record. If the requested information is not furnished, comprehensive not be possible, but CARE WILL NOT BE DENIED. |
| | (2) If "No," s | state the reason why individuals cannot object. |
| | | |
| | | |
| j. Do i | individuals h | nave the opportunity to consent to the specific uses of their PII? |
| \boxtimes | Yes | □ No |
| | (1) If "Yes," | describe the method by which individuals can give or withhold their consent. |
| do | lividuals read a | and sign DD Form 2005, Privacy Act Statement - Health Care Records. A copy of this nationed in the medical record. If the individual withholds their consent to specific uses of mensive health care may not be possible, but CARE WILL NOT BE DENIED. |

DD FORM 2930 NOV 2008

Page 5 of 16

| | | | | | - | | |
|---------------|----------|--|---|--|---|--|--|
| | | | | | | | |
| | | | | | | | |
| (| (2) If " | No," state the reason why | individuals ca | nnot give or withhold their co | onsent. | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | infor | mation is provided to an | individual wh | en asked to provide PII da | ta? Indicate all that | | |
| ly. | | | | | | | |
| X | Priva | cy Act Statement | | Privacy Advisory | | | |
| | Othe | | | None | | | |
| Desc each | | PRIVACY ACT STATEMEN | T – HEALTH CA | RE RECORDS | | | |
| appli form | icable | 1. AUTHORITY FOR COLLE (SSN) Sections 133, 1071-8 Order 9397. | ECTION OF INF 7, 3012, 5031 a | ORMATION INCLUDING SOC and 8012, title 10, United States | IAL SECURITY NUME Code and Executive | | |
| | | 2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED INFORMATION This form provides you the advice required by The Privacy Act of 1974. The personal information facilitate and document your health care. The Social Security Number (SSN) of member or spo | | | | | |
| | | required to identify and retrie | eve health care | ecords. | | | |
| | | enactment of the Privacy Ac disease control programs ar agencies; compile statistical service or assignments; adju law enforcement and litigatio professional certification and | t, other possible and report medical data; conduct reducate claims are on; conduct auth hospital accrece. | ide, plan and coordinate health uses are to: Aid in preventive la conditions required by law to esearch; teach; determine suitand determine benefits; other law prized investigations; evaluate itation; provide physical qualificant upon request in the pursuit of | nealth and communica federal, state and local ability of persons for vful purposes, including care rendered; determ cations of patients to | | |
| | : | NOT PROVIDING INFORMA In the case of military persor document all active duty me- personnel/beneficiaries, the | ATION nnel, the reques dical incidents ir requested inforr | RY OR VOLUNTARY AND EFF ed information is mandatory be view of future rights and bene nation is voluntary. If the reque ot be possible, but CARE WILL | ecause of the need to fits. In the case of all o sted information is not | | |
| | | | nnel or for medic | apply to all requests for personal al/dental treatment purposes a | | | |

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

NOTE:

Sections 1 and 2 above are to be posted to the Component's Web site. Posting of these Sections indicates that the PIA has been reviewed to ensure that appropriate safeguards are in place to protect privacy.

A Component may restrict the publication of Sections 1 and/or 2 if they contain information that would reveal sensitive information or raise security concerns.

DD FORM 2930 NOV 2008 Page 7 of 16